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ABSTRACT

The Food and Nutrition Program for Aged (FNPA) was established as 1 of 30 research and demonstration programs funded through the provisions of the "Older Americans Act" to promote improved nutrition among aged groups. In the first 3-year phase, the program concentrated on the delivery of nutritional services, and the development and demonstration of an educational program for good nutrition. In its last year, the main concern of FNPA was to expand its program of nutritional education to a larger segment of the target population through the use of Community Nutrition Aides (CNA), who were members of the target group. This paper, reflecting evaluation research of an FNPA program aimed at a rural Black aged population, contained: (1) a brief description of the program; (2) a review of research procedures; and (3) a synthesized presentation of major outcomes. The 20 unpaid Aides were evaluted for knowledge of program purpose and goals, nature of home visits to clients, nutritional related factors, and supportive services. The evaluation presented evidence that the program had a keen effect on the lives and general well-being of the Aides. The greatest benefit of the program might be the reciprocal rewards of the relationships established between the Aides and their clients. The 3 implications for social action programs covered such things as methodologies, program effectiveness, and evaluation procedures. (KM)

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RESEARCH EVALUATION AND SOCIAL DEMONSTRATION PROGRAMS: THE CASE OF THE FOOD AND NUTRITION PROGRAM FOR THE AGED*

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by

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Introduction

In the past decade, the number and magnitude of social action programs aimed at the amelioration of problems affecting many different segments of American society have increased signigicantly. Literally hundreds of projects involving an unprecendented commitment of human and financial resources have been instigated, mostly by the federal government and often on a demonstration basis, as innovative attempts to find remedies for a dearth of social ills. Accompanying the development of these programs has been a growing realization by both policy makers and practitioners that the utilitarian consequences of innovative concepts can only be understood through scientific and systematic assessments.

As a result, there has been an upsurge in research activities undertaken to evaluate programmed techniques to bring about planned social change, particularly among disadvantaged groups. The researcher-evaluator faced with the task of conducting research within the confines of program operation often finds that traditional research guidelines, procedures, and methods are inadequate in an evaluative research setting. In fact, the complexities and difficulties of conducting effective evaluative research have prompted several writers (Rossi, 1972; Cooper, 1970; Aronson, and Sherwood, 1972) to focus on identifying and analyzing the reasons why evaluative research is so hard to do well.

The main purpose of this paper is to reflect on evaluation research through an account of the significant events and outcomes of one experience functioning as evaluator of a social action demonstration program carried on for a rural Black aged population. The central part of the paper contains (1) a brief description of the social action program which was the focus of the evaluation, (2) a review of research procedures, and (3) a synthesized, but interpretative, presentation of major outcomes. In the final section, the evaluator discusses some of the problems encountered in the research effort and offers some observations about the role of research in social action programs and the practice of evaluative research.

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Background

The Food and Nutrition Program for Aged (FNPA) was established as one of thirty research and demonstration programs funded through the provisions of the "Older Americans Act" to promote improved nutrition among aged groups. An OEO community action agency in a southern state received funding through Administration on Aging, HEW, to carry on research/demonstration activities with elderly residents in selected counties in the state. Approval for a fourth project year was received, and FNPA ended in June, 1972. Its yearly budget exceeded $100,000. Provisions for formal research evaluation through a cooperative agreement with a land grant university occurred in June, 1969, the beginning of the second project year.

FNPA was a multi-focal program. In the first three-year phase, the program concentrated on (1) the delivery of nutritional services, i.e., well-balanced and, in some instances, health-adapted meals to selected *aged persons, and (2) the development and demonstration of an educational program of good nutrition with project participants. In the final year, the emphasis shifted to development of out-reach activities carrying program educational elements to a larger target population through the use of project participants as delivery agents. The persons who functioned in the capacity of delivery agents are designated in this paper as Community Nutrition Aides.

A third feature of FNPA was the research component which was to provide for a systematic evaluation of the effects of the demonstration program. Due to programmatic considerations, formal research evaluation was not begun until the end of the first project year. The overall research evaluation considered demonstrational aspects of program operation from the second year until its termination (see Ross, 1972, for report of evaluation results for the period 1969-1971). For purposes of this paper only evaluation activities in the final project year will be discussed.

Description of Program Operation

In its last year, the main demonstrational concern of FNPA was to expand its program of nutrition education to a larger segment of the target population through the use of Community Nutrition Aides, who were members of the target group. According to the project staff, the goals of the program were: "to improve nutrition (practices) among the

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*Number of project recipients active at a given time was limited to 150 persons, 50 in each of three county sites. Due to turn-over of participants, 398 persons took part in the program during the first phase of FNPA.

elderly"; "to train indigenous elderly to instruct the community elderly about nutrition education"; and (to promote) "utilization of available resources and improvement in living patterns."

The Community Aides' program was limited to one of the three counties in which FNPA had operated. Most of the residents of the county lived in one of two communities, a town of 22,400 or a small community with population of 2,489. Since the project was localized to a small area, personnel was limited to three persons--a project director, responsible for overall management and administration of the larger FNPA feeding program, a full-time home economist in charge of the instruction, training, and day-by-day supervision of the Community Nutrition Aides, and a community assistant who worked with the home economist and provided transportation, where needed, to the Aides. All had other responsibilities outside the realm of the demonstration project.

For evaluative purposes, the duration of the Community Nutrition Aide project was one year, July 1971-July 1972. Aides were purposively selected during the summer from persons who had taken part in the FNPA program. They were chosen by project staff on the basis of personal capabilities, performance in the FNPA nutrition education program, attendance, and obviously, willingness to work. The CNA's were required to continue participation in the FNPA feeding program and other FNPA activities. They ate twice weekly at one of two feeding centers nearest their home, and in addition, took part in a pot-luck meal on alternative Fridays. The recipients of program services (from the target population) were arbitrarily selected by the Aides, and nearly all were persons living in the same neighborhoods as the Aides.

The Aides took part in a week-long training program prior to their beginning work with target families. The training was conducted by project and research staff, county extension personnel, and representatives of community service agencies, in five two-hour sessions held each day for one week in mid-September. The official objectives of the training were (1) to orient the Aides in the purposes of the program and the nature of their role, (2) to teach them the types of information they were expected to emphasize, and (3) to acquaint them with available community resources and services.

In addition to the initial training period, plans were to have the home economist conduct regularly scheduled training sessions during the course of the program. The intended purposes of these training sessions were to introduce new program emphases, receive reports, and discuss operational problems.

Evaluation Design

The research study to evaluate the CNA project was built around several considerations. (1) To what extent did the program achieve its stated goals, which included successfully training indigenous elderly to deliver an educational program which would alter nutritional practices

of the program's recipients. (2) Was there evidence of other unintended consequences? Basically, the research involved translating the goals into measurable terms and collecting empirical evidence to provide a base for assessment of program elements and its effects.

The Data

In keeping with the evaluation objectives, data were collected from a number of sources over a one-year period beginning, Summer, 1971.

1. Data to document program design and operation came from (a) records and reports maintained by project staff, (b) home visit reports prepared, under supervision of project staff, by Community Nutrition Aides, and (c) personal interviews conducted by research staff with the Aides.

2. Data to assess program effects were obtained through structured interviews with the recipients. The interviews were conducted by two young Black female university students, one of whom was a resident of the research site. Attempts were made to contact and interview all participants serviced by the program; however, interviews were obtained with only 69 of 122 possible subjects. Many were physically and mentally incapacitated and unable to supply the information. Several were deceased, or had been moved away from the area, and a sizable number refused to be interviewed. Many of these expressed fear that the interview might somehow affect their income from welfare or social security sources. The recipients' health status, which is elaborated below, was generally so poor that it was difficult to conduct satisfactory interviews. Thus, on selected items calling for recall information, data on only 19 cases was judged to be usable.

In light of these and other limitations, analysis was restricted to the use of simple descriptive procedures.

Program Documentation

In order to document as adequately as possible, the scope and features of the program, as delivered, information from project records, home visit reports and interviews with Aides and recipients all served as sources of data.

The Community Nutrition Aides

Twenty persons, three males and seventeen females, worked without pay, as Community Nutrition Aides. Eighteen remained with the project throughout the year. One person withdrew due to ill health; another worked sporadically. Seventeen of the twenty participated in the workshop. On the average, Aides attended 6.8 of 9 supplemental training sessions held during the course of the year. Personal characteristics of the Aides appear in Table 1.

Table 1. Profiles for Selected Characteristics of Community Nutrition Aides and Program Recipients

Characteristics	Community Nutrition Aides (N=20)	Recipients (N=69)
Percent female	85.0	83.9
Age range	59-89	58-89
Mean age	70.6	67.8
Median years of education	7.5	4.4
Percent widowed	70.0	75.8
Percent who live alone	60.0	41.9
Percent Mississippi born	95.0	91.9
Mean monthly income	$92.00	$82.00
Median monthly income	$83.00	$82.00
Percent Prostestant	100.00	100.00

The Program Recipients

Interviews with 69 or 122 persons who were serviced by a CNA supplied information about their personal traits. Selected characteristics are shown in Table 1. In most respects, the recipients were similar to the Aides who worked with the them. Educationally, Aides tended to have more formal schooling than recipients. More Aides lived alone than did recipients, and surprisingly, Aides tended to be older than the recipients. Overall, the recipients were in poor to extremely poor health. Sixty-two percent had been hospitalized during the last twelve months. Only one in four was able to regularly get out of the house. Several were bed-ridden, lived alone, and had to rely on neighbors for care.

Description of Visits

Participants who received the program through home visits by 20 Aides numbered 122. With these, a total of 2,832 contacts was reported averaging 157.3 contacts per Aide in an eight month period. The Aides worked with from 3 to 8 participants visiting them on the average of 24.1 visits each.

What did the Aides do for the participants when they visited? Content analysis of the home visit reports indicated that, for the large part, they performed personal and household services and took in small presents and gifts of food, such as eggs, carrots, cake, fruit. Many mentioned doing household chores, such as sick-bed care, ironing, meal preparation, general straightening and cleaning of the house. Some Aides made reference to engaging in prayer, hymn singing and scripture readings with the participants. One Aide made reference to the pamphlet

"Safety in the Home." In three or four instances, the Aides offered the assistance of program staff to help find solutions to personal problems. One participant was taken to apply for financial help through the welfare Department. Another was aided in obtaining food stamps.

It should be pointed out that the Aides were not adept at reporting, due to lack of educational experience and advanced ages as well; thus, reports were typically prepared through recall by project staff long after the fact and may not adequately reflect program inputs.

When 18 Aides were questioned in an interview situation, 14 mentioned that they had talked to the participants about some aspect of nutrition. Fifteen Aides stated that they had performed personal and household services. Sample responses to the question, "What kinds of things have you done for the people you have served as an Aide" were:

> "I went places for them, cooked and cleaned." "I cleaned up, swept, took food in, got water in, got wood in, talked to them about food, their problems." "I have cooked pies and cakes, cleaned, talked about 4 basic foods, explained how to fix a balanced diet, and did whatever else would help." "I gave some of the sick donations and told them what Miss_____ (home economist) told us to tell them."

Findings

Were the visits of the Aides effective? How knowledgeable were the recipients about the elemental principles of good nutrition? Did nutritional practices indicate improved dietary habits? Were other effects of the program which might be viewed as beneficial suggested? Data from all sources were utilized to examine these questions. Because this was a field study involving cooperation and time investment of program staff and touching the lives of real persons, and because of methodological restrictions, evaluations were made with an absence of base-line measures.

In order to assess goal achievement, analysis was conducted generally at two levels, the aide and the recipient. The underlying rationale for this analytical strategy was that desired behavior in the recipients must be accompanied by certain types of behavioral evidence for the Aides. The data are organized in four groupings of measures which were indicative of (1) knowledge of program purpose and goals, (2) nature of home visits, (3) nutritional related factors, and (4) supportive services. For convenience of presentation, these data are shown in two tables.

Measures related to home visits and knowledge of program goals are presented in Table 2. Knowledge of goals was operationalized with the questions for recipients and Aides respectively, "do you know why this program is being carried on" and "what do you feel are the goals of the program, or in other words, what do you see as the main purposes of your job as an Aide?" Based on these data, a comparison of Aides and recipients indicates that most, but not all, of the Aides understood the nutritional emphasis of the program while few of the recipients had been

told or were able to understand the reasons they were being visited. The second item in Table 2 reveals, perhaps to the contrary, that nutrition had been discussed in homes of most of the participants. Admittedly, the program was multi-faceted; also, information from recipients may reflect to a greater extent advanced ages and impaired mental functioning, i.e., ability to recall, than the true state of affairs. This item also suggests that there was some effort to help the participants obtain help through public service agencies.

Table 2. Measures Pertaining to Home Visits, Knowledge and Assessment of Program for Recipients and Aides

Measure	Aides (N=18)	Recipients (N=19)
	---------- Number ----------	
Knowledge of Program Goals		
Mentioned Nutrition Education	14	2
Provision of Services	3	
Help Others Get in (FNPA) Program	1	
Don't Know		16
Nature of Home Visits*		
No Information, Could Not Answer		3
Rendered Personal and Household Services	9	
Put in Touch with FNPA		2
Talked About Food	14	13
Provided Sociability	2	
Talked About or Helped Obtain Social Services Through Program	5	2
Gave Food, Gifts, or Money	9	

*Multi-responses were possible.

Table 3 contains several measures of nutritional aspects of the program including components of the nutrition education program as delivered in the homes, knowledge about nutrition, and nutritional practice in the form of nutrient intake for an adequate day's diet. For the latter item, a 24 hour recall question was used and evaluated, using standard guidelines of the National Dairy Council, for daily minimum requirements. Eleven of nineteen recipients felt that they had received instruction in nutrition education. Of these 11, nine mentioned basic four foods instruction, one recalled food preparation, and one said she was told to eat more regularly. Several made reference to leaflets they had been given. In order to determine whether the recipients were knowledgeable about a nutritionally-adequate diet, they were asked to name foods "an older person

should have to eat every day to keep healthy". Nearly 70 percent of the group named foods representing four basic food groups, and 18 of 19 named foods representing at least 3 or 4 food groups. The indication of extent of knowledge among the group compares strongly with research (Ross, 1972:34) findings on nutritional knowledge of FNPA participants who had received nutritional instruction. On the other hand, when recipients' nutritional practice was considered through the adequate nutrient intake for a day's diet, none of the participants had an adequate diet, and furthermore, 7 of 19 were inadequate in all four basic food categories.

Table 3. Measures of Nutritional-Related Factors for Recipients

Measure	Number (N=19)
Has Aide ever talked to you about nutrition and eating for good health?	
Yes	11
No	7
No information	1
What have they told you?	
Foods to eat for good health	9
How to fix food	1
Eat regularly	1
Don't know, can't remember, not applicable	8
What kinds of food do you think an older person should have to eat every day to keep healthy? Foods named which represented:	
1 of 4 basic food groups	0
2 of 4 basic food groups	1
3 of 4 basic food groups	5
4 of 4 basic food groups	13
Nutrient intake for one day's diet? Minimum requirements in:	
0 of 4 basic food groups	7
1 of 4 basic food groups	9
2 of 4 basic food groups	3
3 of 4 basic food groups	0
4 of 4 basic food groups	0

Summary

Were the program goals met? Results based solely on the evaluation data suggest that the Community Nutrition Aides were ineffective in

altering dietary habits of recipients. It is likely that the amount of training and degree of supervision of Aides was inadequate in orienting them in the total program view and equipping them with the necessary skills to relate program elements to others. On the whole, the Aides understood that they were to talk to the persons they visited about nutrition. They distributed materials, leaflets, but apparently were not equipped and/or instructed with other methods of teaching nutrition. However, the data suggest that while instruction in the elements i.e., four basic food groups, of a good diet may have been successful, it did not result in improvement or alteration in nutritional practice. This conclusion follows closely findings of previous research with the population (Ross, 1972).

The following data, impressionistic as it is, may yield insight into some "unplanned" program effects. There is evidence to suggest that the program had a keen effect on the lives and general well-being of the segment of the target population who functioned as delivery agents, the Aides. The first evidence is that the Aides were overwhelmingly enthusiastic about their unpaid jobs. Eighteen of the twenty, most who suffered from chronic aches and pains of advanced years, stayed with the program for an entire year. They visited their assigned families for the most part, twenty to over thirty times each. They used their own scanty personal resources to supply food, gifts and even donations of money to the recipients. While the Aides may have been ill-equipped to satisfactorily serve as nutrition education instructors, their visits may have been beneficial in other ways. The significant contributions of the home visits may have been in the form of meeting immediate physical, social, and emotional needs of the recipients, a group of people faced with problems of chronic physical illnesses, loneliness, insufficient income--a whole bevy of problems which overshadowed a need for improved nutrition. Researchers have emphasized the fact that "dietary practices are the result of a complex set of social, economic, psychological, and biological variables" (Guthrie, 1969: 330). The greatest benefit of the program may be the reciprocal rewards of the relationships established between the Aides and their clients.

Problems and Implications

The intention of the preceding presentation was to demonstrate a weak and ineffective attempt at evaluating a social action program. The key question shifts from 'was the program successful in meeting its goals' to 'how adequate was the evaluation in making any determinations about program outcomes.' To the latter, the evaluator feels that a negative response is in order. Thus, the remainder of the paper focuses on identifying major problems associated with this particular study and on making observations about ways to effect a more fruitful merger of program and research efforts.

Problems

Discounting the obvious weaknesses in design, serious lacks of the data base constitute a major area of concern. Several problems associated

with inadequacies in the data base fall into the category of operational issues, stemming likely from the close dependency of research and program operation. The evaluation team had to rely on program personnel for much of the data-gathering activities. For example, the responsibility to furnish the evaluation effort with staff to collect data, utilizing persons from the rank-and-file roster of the sponsoring organization, rested with the program directors. As a result, the evaluators had no direct authority or control over the field staff and the quality of their work. The advanced ages and educational deficiencies of the Community Nutrition Aides affected their ability to maintain routine records of their activities as home-visitors, and so it became the additional burden of program staff to furnish recorders for the CNA's to help them, through recall, to document the program as it was delivered.

The severe limitations on the quality of the data posed by the mental and physical capabilities of program recipients was noted previously. Although it may have been unplanned and even unrecognized, it represents a programmatic matter which had detrimental effects on program as well as on research activities. The decision to permit such persons in the program reflects a fundamental problem that permeated the operation of the program throughout its four-year duration. The fact is that most of the staff perceived the provision of nutritional and maximum supportive services to a disadvantaged group as the primary function of the program. These purposes were served under the guise of a research and demonstration project. This is evidenced in the information on questionnaires submitted to staff at all levels in which all staff, excluding those in the top two administrative positions, identified the project's primary goal as the rendering of services. This philosophy likely explains why formal arrangements for evaluation were not made until it was called to attention by national representatives.

Many of the problems were programmatic in origin, however, many may have been reduced or even offset by diligence and effort on part of the evaluator. There was no attempt to develop a tight conceptual framework to structure the evaluation, nor was action initiated to make the program staff cognizant of the detrimental effects of their operational procedures on program-research outcome. Had more care been taken to maintain close contact with program operation through the year's work, it may have been possible to recognize and take steps to counteract problems which contributed to the weakness of a data base.

Implications

Growing out of the outcomes of the research and demonstration project efforts are a number of implications of relevancy for policy-makers, program administrators and researchers.

1. Regardless of the nature of the program innovation or the mechanisms of program operation or the design selected for research evaluation, the extent to which a program is effective in achieving its goals and the extent to which

it is adequately evaluated depends in large part on the quality of planning and development which precedes actual program operation. In the present example, outcomes may reflect to a larger degree the inadequacies of program in-puts than they do the extent of effectiveness of program delivery. One can always speculate that the results may have been different had more time and concern been allocated to planning, staffing, and training activities. Frequently, research operation is confined to data collection and analysis to evaluate program outcomes in terms of stated goals. Research may also play a vital role in the planning process. Research undertaken for definitive purposes may furnish important information to assist in program development and also to aid in designing a frame for the research. This observation stems from the belief that the chances for effective program planning and execution will be maximized if there is a data base which indicates the needs and characteristics of the population and demonstrates which program component may or may not be effective.

2. A second implication has to do with the ideal structure for relating social action and social science research programs. In retrospect, it is felt that, in the case of FNPA, research activities in relation to the total program operation could have been structured differently to the advantage of both program and research efforts. At certain levels, program concerns must take precedence over research interests. Thus, the nature and scope of the action program should determine the basic shape of evaluation and its procedures. This requires, ideally, a maximum of cooperation, communication, and comprehension of each other's goals and methods between evaluator and administrator. On the other hand, a minimum of dependence is needed at the operational levels. The most successful evaluations will be those which are conducted independently of routine program operation.

3. As a final note, sucessful evaluation research demands that the evaluator design and conduct his research recognizing the possibilities that old standards of acceptibility, traditional methodologies, and tested strategies may not work in the dynamic arena of social action programs. At the same time, he should take care not to cast disdain on research findings stemming from small scale and even methodologically restricted evaluative studies. The evaluative research setting offers possibilities to obtain data on populations and subjects for whom there is a paucity of sound, hard data. In fact, a body of gerontological literature on the aged Black (see Jackson, J., 1971; Jackson, H. 1971; Wylie, 1971) has emerged from a number of such small studies.

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